LOBBYIST ANNUAL REPORT FORM



State of Idaho

Pete T. Cenarrusa Secretary of State To Be Filed By:

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LOBBYISTS (Sec. 67-6619)

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SECRETARIAN STATE OF	rA	1:34
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		print clearly) as at bottom of page						STA	TE OF IN	STATE
obbyist's name and permanent business address					Date pre	orepared		Period	Period covered	
Ga	ry Gould to W. Cataly	\a							year ending	· '
Ñ,								(Mo.) (Day)	(Yr.)
BC	oise, Id·83;	703				1-7-04		12	- 31	03
Item 1	Totals of all report	able expenditures made o	or incurred by	y Lobby	yist or by l	Lobbyist's Emplo	yer on be	ehalf of Lobb	yist's Employ	er.
Category of Expenditure Reimbursed Personal Living and Travel Total				Proportionate amounts contributed by each em Item 3, at bottom of page.)			ployer (Identify employers, under			
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported		Expenditure	Employer No. 1		E	mployer No. 2	Employer No. 3		Employer N	lo. 4
Entertai Food an	nment d Refreshment	sO-	s	0 -	_		\$		\$	
Living 1	Accommodations		_		_ _					
Adverti	sing		_		_ _					
Travel			_		_ _					
Telepho	one				_ _					
Office I	Expenses				_					
Other E	Expenses or Services				_ _					
	Total	s	s <u>-0</u>		_ \$ _		\$		\$	
Item	The totals of each exper	nditure of more than fifty	dollars (\$50						officials in Casse	
2	Date	Place		An	nount	Names o	i Legisiaic	ors & Public C	officials in Group	
		Pasti						F		>
	Continued on attached page	s)	- WE		ltem	T .				
INSTRUCTIONS						Employer(s) Name(s) and Address(es)				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code			No.1 P.O. Box 1777 Boise, Id. 83701							
Filing deadline: Annual report is due on January 31st.										
TO BE FILED WITH: Pete T. Cenarrusa Secretary of State PO Box 83720				No. 3						
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282					No. 4					

Item 4	Expenditures made by the lobbyist or by the lobbyist's emp personal property to any Legislator, or for or on behalf of any				ployer in the nature of contributions of money or other tangible or intangible ny legislator.				
	Date Amount			Name of Legislator Receiving or Benefited					
Item 5			Code 01 02 03	IDENTIFICATION Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes					
				04 05 06 07	Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education	19 20 21 22 23 24 25	Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and		
				10	Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county	26 27 28	services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation		
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.			13 14 15 16	Government, federal Government, municipal Government, special districts Government, state	29 30	Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas			
Lовь Говь	st signature	Jan .) /- 35-) Date	o4		31	Other (please specify)		
Employ	yer No. 1 signatu	re	Date						
Employ	yer No. 2 signatu	re	Date						
Employ	yer No. 3 signatu	re	Date	•					
Employ	yer No. 4 signatu	re	Date	•					